

CHAPTER 11 – ALTCS GRIEVANCES, CLAIM DISPUTES, AND APPEALS

REVISION DATE: 4/16/14

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Grievances

A grievance is an expression of dissatisfaction. Grievances may pertain to the quality of care or services provided or dissatisfaction with providers, direct care workers, or Division staff. A grievance is not the same as a dispute regarding denial of a claim payment or claims reimbursement.

To file a grievance contact:

Family & Community Resource Unit
602-542-6850 (phone)
1-866-229-5553 (toll free)

Provider Claim Disputes

A claim dispute is a dispute involving the payment of a claim, denial of a claim, imposition of a sanction, or reinsurance. A provider may file a claim dispute based on the denial of a claim, recoupment, or dissatisfaction with claims payment.

The claim dispute process should be used after informal attempts to resolve the matter have failed.

The provider must follow all applicable laws, policies, and contractual requirements regarding the filing of a claim dispute.

Claim disputes must be filed in writing to:

DDD Office of Compliance and Review
3443 N Central Ave, 9th Floor
Suite 916, Site Code 016F
Phoenix, Arizona 85012
602-771-8163 or 1-855-888-3106

Appeals

An appeal is a request for the review of an action by an enrollee (member) or their authorized representative, such as a provider. An appeal can be filed for various reasons including the denial or limited authorization of a requested service; the type or level of service; or the reduction, suspension or termination of a previously authorized service. An authorized representative acting on behalf of the member, with the member's written consent, may file an appeal or request a State Fair Hearing on behalf of the member.